

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 417)**

SERIAL NO.

APPLICANT

FILING DATE

10776239

10-20

CLAIMS

	AS FILED		AFTER TRANSMITTAL		AFTER 2ND TRANSMITTAL	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1			
2			1			
3				1		
4				1		
5			1			
6				1		
7				1		
8				1		
9			1			
10				1		
11				1		
12				1		
13			1			
14			1			
15			1			
16				1		
17				1		
18				1		
19			NO TRANSMITTAL			
20						
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44						
45						
46						
47						
48						
49						
50						
TOTAL NO.			2			
TOTAL OFF.			31			
TOTAL			28			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
65						
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99						
100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						